

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10790268**

FILING DATE **3-1-03**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
15		1				
16		2				
17		2				
18	1					
19		1				
20	1					
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46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	25					
TOTAL CLAIMS	30					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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54						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						